FEC

STATEMENT OF

FORM 1	ORGANIZ	ATION		
. •	(See instructi	ions)		Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
RUDY GIULIAN	NI PRESIDENTIAL COMMITTEE	, INC.		
			11111	
ADDRESS (number and s	ctreet) C/O JOHN GROSS	111111111	11111	
_	PROSKAUER ROSI	E ĻLP 1,585 BROADWAY		
(Check if addre is changed)	NEW YORK		NY L	10036 8299
		CITY	STATE	ZIP CODE 📥
COMMITTEE'S E-MAI				
sandypack@jo	inrudy2008.com			
سسسط				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
www.joinrudy	2008.com			
			11111	
COMMITTEE'S FAX N	IJMBER			
212-321-7049				
2. DATE 0 4	/ D D / Y Y Y Y Y 12 0 0 7			
3. FEC IDENTIFICA	TION NUMBER	C C00430512		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my kr	nowledge and belief it is true, correct	and complete	
Type or Print Name of	Treasurer JOHN H. GROS	s		
Signature of Treasurer	Electronically Filed by JOHN H.	GROSS	Date 0 4	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information m	ay subject the person signing this S	tatement to the penalti	es of 2 U.S.C. S437g.
	ANY CHANGE IN INFORM	ATION SHOULD BE REPORTE	O WITHIN 10 DAYS	
Office Use Only		For further informatio Federal Election Comm Toll Free 800-424-9530	ission	FEC FORM 1 (Revised 02/2003)

	FECForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cainformation below.)	andidate
	Name of RUDOLPH W. GIULIANI Candidate	
	Candidate Party Affiliation REP Office Sought: House Senate X President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (or subordinate) committee of the Rep	mocratic, publican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
L		
	Mailing Address	
	CITY▲ STATE ▲ Z	ZIP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

Write or Typ	Form 1 (Revised 02/200	03)		Page 3
	e Committee Name			
		TIAL COMMITTEE, INC.		
	an of Records: Identify is identify is an of Committee boo	y by name, address, (phone number ks and records.	optional), and position of th	ne person in
Full Nam	e RYAN E. M	EDRANO		
Mailing A	ddress	C/O JOHN GROSS		
		PROSKAUER ROSE LLP 15	85 BROADWAY	
	_	NEW YORK	NY	10036 _ 8299
Title or P	osition 🔻	CITY A	STATE▲	ZIP CODE A
	ASSISTANT T		Telephone number	
	e	address (phone number optional) of ignated agent (e.g., assistant treasurer		ntoo, and the
Mailing A				
J		C/O PROSKAUER ROSE LL	P	
		C/O PROSKAUER ROSE LL 1585 BROADWAY	Р	
	_		P NY	10036 _ 8299
Title or P	osition ♥	1585 BROADWAY		10036 – 8299 ZIP CODE ▲
Title or P	osition ♥ TREASURER	1585 BROADWAY NEW YORK CITY A	NY	
	TREASURER	1585 BROADWAY NEW YORK CITY A	<u>NY</u> STATE ▲	
Full Nam Designat Agent	TREASURER e of	1585 BROADWAY NEW YORK CITY A	<u>NY</u> STATE ▲	
Full Nam Designat	TREASURER e of ed	1585 BROADWAY NEW YORK CITY A	<u>NY</u> STATE ▲	
Full Nam Designat Agent	TREASURER e of ed	1585 BROADWAY NEW YORK CITY A	<u>NY</u> STATE ▲	

Telephone number

	FEC Form 1	(Revised 02/20	003)																		Р	age	4		_
9.	Banks or Other De safety deposit boxes Name of Bank, Dep	s or maintains f	List all ban unds.	ks or othe	er depos	itories	in w	hich	the	con	nmit	tee o	depo	osits	s fui	nds	, hol	ds a	acco	unt	s, re	ents			
	Mailing Address	WACHOV	1735 PINI	NACLE	DRIVE	<u> </u>	1 1			<u> </u>	<u> </u>						1	<u> </u>	<u> </u>					<u></u>	
			MCLEAN											V.	A	l			22	210	2				
					CITY	<u> </u>						J	S	ГАТ	E ∠	4			-	ZIP	СО	DE			

FEC Form 1 (Revised	1/2001)			Page 5 / 8
Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, e	tains funds.	other depositories in which the comm		accounts, rents
CITIE	BANK 			
Mailing Address	399 PARK AV	ENUE		
	NEW YORK		NY	10022
		CITY 🛆	STATE △	ZIP CODE 🛕
Name of Any Connected (Organization or Affilia	ted Committee	[.	ADDITIONAL]
Mailing Address				
		CITY	STATE ▲	ZIP CODE A
				1
Relationship				
Type of Connected Organiz	ation:			
Corporation		Corporation w/o Capital Stock	Labor Orga	ınization
Membership Organ	nization	Trade Association	Cooperative	9

Designated Agent		[,	ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE	ZIP CODE A
	Te	elephone number	

FEC Form 1 (Revised	1/2001)			Page 7 / 8
Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, 6	tains funds.	sitories in which the committee		accounts, rents
JP M	ORGAN CHASE			
Mailing Address	1 CHASE MANHATTAN	I PLAZA		
	NEW YORK		NY	10005
	СІТҮ	4	STATE 🕰	ZIP CODE 🛆
Name of Any Connected	Organization or Affiliated Commi	ittee	[/	ADDITIONAL]
Mailing Address				
	1	1		
	СІТҮ	A	STATE A	ZIP CODE 🛦
Relationship	СІТҮ	A	STATE	ZIP CODE 🛦
Relationship Type of Connected Organiz		A	STATE	ZIP CODE 🛦
	ation:	tion w/o Capital Stock	STATE A	

Designated Agent		I	[ADDITIONAL]
Full Name Mailing Address			
Title or Position ♥	CITY A	STATE	
	Te	lephone number	